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PTO/SB/22 (12-04)

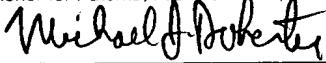
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) SPINE 3.0-455 CONT III	
Application Number 10/776,650		Filed	February 11, 2004
For CERVICAL DISC REPLACEMENT			
Art Unit 3738	Examiner	C. L. Miller	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,592</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature _____ Date <u>December 20, 2004</u>			
Michael J. Doherty Typed or printed name _____ Telephone Number <u>(908) 518-6337</u>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 20, 2004

Signature:  (Michael J. Doherty)